

LEC MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE

(7/2006)

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IV. COSTS AND REVENUES WORKSHEET

Claiming Unit Name _____ 0
DHS Contractor (Region) _____ 0
Contract # _____ 0

Date _____ 0
Contract year/quarter _____ 0
Period of Service _____ 0

CATEGORY (Object)	SACS	TIME SURVEY			DIRECT CHARGE		NON-MAA	ALLOCATED	CONTROL TOTAL	
		Participant	MAA Time Survey Percentage	Equals MAA Funded Costs (A X B)	Non-Claimable Time Survey Costs (A - C)	Claimable	NON-CLAIMABLE	NON CLAIMABLE (Funct. 1000-9999 excluding 2700 and 7000-7199)		GENERAL & ADMIN. (Funct. 2700 & 7000-7199)
PERSONNEL COSTS										
44 Salaries (1000-2999)		0	#DIV/0!	#DIV/0!	#DIV/0!	-	-	-	-	#DIV/0!
45 Benefits (3000-3999)		0	#DIV/0!	#DIV/0!	#DIV/0!	-	-	-	-	#DIV/0!
46 SUBTOTAL PERSONNEL		0	#DIV/0!	#DIV/0!	#DIV/0!	-	-	-	-	#DIV/0!
REVENUE OFFSETS										
47 Federal Revenues (8100-8299)						0	0			-
48 State Revenue Limit Sources (8010-8099)										-
49 Other State Revenues (8300-8599)						0	0			-
50 Other Local Revenues (8600-8799)										-
51 Other Financing Sources (8910-8979)										0
52 Contributions to Restricted Programs (8980-8999)									0	0
53 Total Revenues						0	0		0	0
54 Personnel Costs less Revenue Offsets			#DIV/0!	#DIV/0!		0	0	0		
55 Allocation Percentages			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	
OTHER COSTS AND ALLOCATIONS										
56 Personal Service Contracts		#DIV/0!	#DIV/0!	#DIV/0!	-	0				0
57 Direct Charge Other Costs					-	-				0
58 ALLOCATION OF OTHER COSTS:			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			-
59 ALLOCATION OF GENERAL & ADMIN.			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			
60 sub total costs			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			#DIV/0!
61 Indirect Rate Applied			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
62 TOTAL COSTS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!
FFP CALCULATIONS										
63 MAA CLAIMABLE COSTS			#DIV/0!							#DIV/0!
64 Apply FFP Percentage (50%)			#DIV/0!							#DIV/0!
65 TOTAL FEDERAL SHARE			#DIV/0!							
Prior Year Corresponding Quarter Variance Check										
Enter PY Same Quarter's Reimbursement => _____										
Displayed is Percent Change from PY Same Quarter => 0.00%										
#DIV/0!										
Current Year Prior Quarter Variance Check										
Enter CY Prior Quarter's Reimbursement => _____										
Displayed is Percent Change from CY Prior Quarter => 0.00%										
#DIV/0!										

0
Typed Name of Preparer

0
Title

0
Telephone #

Typed Name of Authorized LEA Signer

Authorized LEA Signature

Date

I certify under penalty of perjury that the information provided on this invoice is true and correct, based on actual expenditures of the claiming unit for the period claimed, that the funds/contributions have been expended as necessary for federal matching funds pursuant to the requirements of 42 CFR 433.51 for allowable activities and that these claimed expenditures have not previously been, nor will subsequently be, used for the federal match for this or any other program. Furthermore, I certify that the revenue sources identified in this invoice represent accurate and identifiable costs for the program/claiming entity and that the direct charges have been properly identified and allocated. I have notice that this information is to be used for filing of a claim with the Federal government for federal funds and that knowing misrepresentation constitutes a violation of the Federal False Claims Act.